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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

A F	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and	ending (JUN 30, 2011				
В	Check if pplicable	C Name of organization		D Employer identific	cation number			
	Addres change	DONORS FORUM						
L	Name change	Doing Business As		23-7	376023			
F	Initial return Termin	Number and street (or P.O. box if mail is not delivered to street address) 208 SOUTH LASALLE	Room/suite 1540	E Telephone number 312-578-0090				
\vdash	⊸ated ∏Amend	ad .	1340	2 2 2 4 2 5 4				
늗	∟ireturn ∏Applic	City or town, state or country, and ZIP + 4 CHICAGO, IL 60604-1006		G Gross receipts \$				
<u> </u>	⊥ltión pendin			H(a) Is this a group re				
		F Name and address of principal officer: VALERIE S. LIES		for affiliates?	Yes X No			
		SAME AS C ABOVE	1 1	H(b) Are all affiliates inc				
		empt status X 501(c)(3)	or 527	If "No," attach a	list (see instructions)			
		e: WWW.DONORSFORUM.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 1974 N	A State of legal domicile, IL			
Pa	art I	Summary						
ė	1	Briefly describe the organization's mission or most significant activities DONO	RS FO	RUM IS A VIB	RANT			
Activities & Governance		COMMUNITY WHERE ILLINOIS GRANTMAKERS, NO						
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	23			
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	23			
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	31			
ΣΞ	6	Total number of volunteers (estimate if necessary)		6	61			
ct	7 a	Total unrelated business revenue from Part VIII, column (C). Line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T http://gatives	****	7b	0.			
			I - L	Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)	$I - \Gamma$	2,402,910.	2,694,132.			
ŭ	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) MAR 0 2 2012	/ [472,631.	520,956.			
Revenue		Privatement income (Port VIII column (A) lineal (A A Real 7d)	i 🗆	85,675.	53,232.			
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 90 (00 (19)) T		12,856.	0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)		2,974,072.	3,268,320.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,000.	4,500.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,699,176.	1,698,331.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ф		Total fundraising expenses (Part IX, column (D), line 25)	13.					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,282,348.	1,287,532.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,986,524.	2,990,363.			
	19	Revenue less expenses. Subtract line 18 from line 12		-12,452.	277,957.			
Net Assets or Fund Balances			В	eginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)	F	2,224,872.	2,696,170.			
Ass	21	Total liabilities (Part X, line 26)		228,906.	408,158.			
ĕĕ	22	Net assets or fund balances. Subtract line 21 from line 20		1,995,966.	2,288,012.			
Pa	art II	Signature Block						
		Ities of perjury/Teclare that I have examined this return, including accompanying schedule	es and stater	nents, and to the best of m	v knowledge and helief it is			
		t, and complete. Beclaration of preparer (other than officer) is based on all information of w			y miomoago ana bonon, it is			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	топ рторато	1200	17			
Sig	n	Signatute of officer		Date				
Her		VALERIE S. LIES, PRESIDENT AND CEO						
1101	•	Type or print name and title						
_		Print/Type preparer's name Preparer's signature		Date Check	II PTIN			
Paid	, l	La Hiskins CPA La Hiskins CP	_	2/27/12 If self-employ	P01081531			
	parer	Firm's name JOHNSON LAMBERT & CO. LLP		Firm's EIN	 _L			
	Only	Firm's address 700 SPRING FOREST ROAD, STE 115		Tim 3 City				
	,	RALEIGH, NC 27609		Phone no a	19-719-6400			
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		Fr none no. 3	X Yes No			
	01 02-2		ions		Form 990 (2010)			
			~		. 0111. 555 120 101			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2010) DONORS FORUM	23-7376023	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission: (SEE SCHEDULE O)		
	Delite and the second s		
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
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	y _o c	X No
3	If "Yes," describe these changes on Schedule O.	les les	140
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exection 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	•	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code:)(Expenses \$ 2,050,012. including grants of \$ 4,500.)(FDONORS FORUM IS A MEMBERSHIP ASSOCIATION THAT PROMOTES A STRONG NONPROFIT SECTOR IN ILLINOIS. IT DOES SO THROUT TRAINING, NETWORKING EVENTS, PUBLIC POLICY LEADERSHIP, RESEARCH, PUBLICATIONS, LIBRARY SERVICES AND MORE. THE INCLUDES SERVICE PROVIDERS AS WELL AS GRANTMAKERS, IS EXAMPLED.	PHILANTHROPY GH EDUCATION MEDIA RELATI SECTOR, WHIC	AND ONS,
	INCLUDE MORE THAN 24,000 ORGANIZATIONS THAT DIRECTLY SE	RVE FOUR OUT	OF
	EVERY FIVE ILLINOIS RESIDENTS.		
		· -	
4b	(Code.) (Expenses \$ 17,087. including grants of \$) (F CHICAGO AFRICAN AMERICANS IN PHILANTHROPY (CAAIP) IS A PROJECT OF DONORS FORUM. ITS MISSION IS TO IMPROVE DIVE INCLUSION IN PHILANTHROPY AND TO PROMOTE EFFECTIVE AND PHILANTHROPY IN BLACK COMMUNITIES.	SPONSORED RSITY AND	035.
	•		

4¢	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
		×	
	<u></u>		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 2,067,099.		

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		4	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	21	
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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,		1	
	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		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or 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	10	21	
• •	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	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
124	Schedule D, Parts XI, XII, and XIII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			,,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	46		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		122
.,	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	'''	 	
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		t -	1
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	

, Form 990 (2010) DONORS FORUM
Part IV Checklist of Required Schedules (continued)

•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			,,,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			J
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ĭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ŀ		l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			l
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	 	Х
а				ì
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\ v
	If "Yes," complete Schedule R, Part V, line 2	36	+	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\vdash	├ ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O			(2010)
		1 0111		160101

	990 (2010) DONORS FORUM	23-7376	023	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
_ `	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 34			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming			
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 31			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь		
	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 a	account)?	4a		Х
b	If "Yes," enter the name of the foreign country	•			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	Accounts			1
5a			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	<u> </u>		
	any contributions that were not tax deductible?	· · · · · · · · · · · · · · · · · · ·	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or aifts			
	were not tax deductible?	5 <u>5</u>	6b		
7	Organizations that may receive deductible contributions under section 170(c).				<u> </u>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		 	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8	1	
9	Sponsoring organizations maintaining donor advised funds.	- · , , - · · . , - · ·		╁	
а	Did the organization make any taxable distributions under section 4966?		9a	İ	
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:		<u> </u>		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	100	1		
а	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	110	1		
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		İ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120	+	+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	140	1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a	+	+
a	Note. See the instructions for additional information the organization must report on Schedule O.		138	+	+
h					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	125			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b	┨		
		13c	44.	 	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No." grounds an explanation in School in	. 0	14a	+	 ^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b	1	1

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 in Schedule O See instructions

X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 23 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? Rа Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 X Does the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 >IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Wn website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANDREASON BROWN - 312-578-0090 208 SOUTH LASALLE, STE. 1540, CHICAGO, IL60604-1006

Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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.

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average	١.,		Pos				Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee			Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ROBERT GLAVES			 			╁				
CHAIR	2.00	X		х				0.	0.	0
KRISTINA A. VALAITIS						\vdash				
VICE-CHAIR	2.00	X		x	l			0.	0.	0
MAE HONG		T								
VICE-CHAIR AND SECRETARY	2.00	X	ļ	X		ļ		0.	0.	0
STUART J. MILLER						T				
TREASURER	3.00	Х		Х				0.	0.	0
ЈОНИ ВОЈМАЙ		Г	1			T				
BOARD MEMBER	1.00	Х						0.	0.	0
EVETTE CARDONA										
BOARD MEMBER	1.00	X						0.	0.	0
DONALD A. COOKE	-									
BOARD MEMBER	1.00	X	ŀ					0.	0.	0
EDITH H. FALK										
BOARD MEMBER	1.00	X					l	0.	0.	0
PAUL GOREN										
BOARD MEMBER	1.00	X						0.	0.	0
GREGORY S. GROSS										
BOARD MEMBER	1.00	X	$oxed{oxed}$		<u> </u>			0.	0.	0
REGINALD JONES		1						_		
BOARD MEMBER	1.00	X						0.	0.	C
IRIS J. KRIEG										_
BOARD MEMBER	1.00	X	lacksquare				$oxed{oxed}$	0.	0.	0
ROSANNA A. MARQUEZ	4 00				ļ	Į.	l			_
BOARD MEMBER	1.00	X		<u> </u>	_	╙	_	0.	0.	0
TERRY MAZANY	1 00									_
BOARD MEMBER	1.00	X	<u> </u>	ļ				0.	0.	
BOYD MCDOWELL III	1 22									-
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>	<u> </u>	↓_	_	0.	0.	0
JAMES D. PARSONS	1 1 1 1		l		l	1	Ì			_
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>	_	↓	<u> </u>	0.	0.	C
ELSPETH A. REVERE	1 00								_	,
BOARD MEMBER	1.00	X	I	i .		1	i	0.	0.	0

Section A. Officers, Directors, Iri	ustees, Key E	mple	oyee	es, a	na i	Higr	est	Compensated Employ	ees (continuea)				
· (A)	(B)			-	C)			(D)	(E)			(F)	
Name and title	Average	_, ا	L 1	Pos			LA	Reportable	Reportable			tımate	
	hours per week	(C	neci	k all	tnat	app	iy)	compensation	compensatio			ount o	of
	(describe	director						from the	from related organizations			other pensa	tion
	hours for	die	١			E		organization	(W-2/1099-MIS			om the	
	related	Stee 0	ustee			Busa		(W-2/1099-MISC)	(,,, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		anızatı	
	organizations	a ta	nal t		loyee	E S					and	d relate	ed
	in Schedule O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				orga	nızatı	ons
UNMI SONG	ļ,	Ē	F			-	-			\dashv			
BOARD MEMBER	1.00	Х						0.		0.			0.
JUDITH M. STOCKDALE	1 00	,	ŀ							^			^
BOARD MEMBER JOHN STREMSTERFER	1.00	X	-	-	-	 	_	0.		0.			0.
BOARD MEMBER	1.00	x		ĺ				0.		0.			0.
ERNEST VASSEUR		╁		T	┢	╁╌	╁─			- 			•••
BOARD MEMBER	1.00	x						0.		0.			0.
MARIA WYNNE													_
BOARD MEMBER	1.00	X		.		<u> </u>	_	0.		0.			0.
CAREN YANIS BOARD MEMBER	1.00	x	1					0.		0.			0.
VALERIE S. LIES	1.00		╁			\vdash				<u> </u>			••
PRESIDENT AND CEO	35.00			X				197,995.		0.	9	1,3	88.
ROBIN BERKSON													
SENIOR VICE PRESIDENT	35.00	<u> </u>	_	<u> </u>	_	X	_	100,173.		0.	6	3,7	58.
1b Sub-total	L		<u> </u>	!				298,168.		0.	15	5,1	46.
c Total from continuation sheets to Part V	II, Section A					>		0.		0.			0.
d Total (add lines 1b and 1c)						▶		298,168.		0.	15	5,1	46.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 ın reportabl	е			
compensation from the organization												Yes	No
3 Did the organization list any former officer,	. director or tru	ıstee	e. ke	v en	olar	vee.	or h	nighest compensated e	mplovee on			163	- 110
line 1a? If "Yes," complete Schedule J for s			,	,		,,					3		Х
4 For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atıor	n an	d ot	her compensation from	the organization				
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or							relat	ted organization or indiv	ridual for services		_		v
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Schedu	e J	tor s	ucn	pers	son				—	5		Х
Complete this table for your five highest co	ompensated in	dep	end	ent c	cont	ract	ors 1	that received more than	\$100,000 of com	npens	ation	from	
the organization. NUNE								(B)			((2)	
Name and business	address							Description of s	services		ompe		n
							\dashv						_
2 Total number of independent contractors (-	not l	mite	d to		^	stec	d above) who received r	nore than				
\$100,000 in compensation from the organi	zation 🕨					<u>U</u>			·				

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Form 990 (2010)

23-7376023

Part VIII

Statement of Revenue

(D) Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1,272,348. **b** Membership dues c Fundraising events 1c 1d d Related organizations 157,576. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 1f 1,264,208 similar amounts not included above 10,888. g Noncash contributions included in lines 1a-1f \$ 2,694,132. h Total. Add lines 1a-1f **Business Code** 381,138. 80,355. 2 a WORKSHOPS AND MEETINGS 381,138. 80,355. 900099 Program Service Revenue PUBLICATIONS 900099 900099 38,437. 38,437. c FORUM PARTNERS d CONSULTING 900099 18,033. 18,033. LIBRARY REVENUE 900099 2,993. 2,993. f All other program service revenue 520,956. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 46,907. 46,907 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (ı) Securities (II) Other 39,869. assets other than inventory b Less. cost or other basis 33,544 and sales expenses 6,325. c Gain or (loss) 6,325 6,325. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d 268,320. 520,956. 53,232. Total revenue. See instructions. 032009 12-21-10

Form 990 (2010) DONORS FORUM Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com	plete column (A) but are		e columns (B), (C), and (E	0).
	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 governments and				
	organizations in the U.S. See Part IV, line 21	4,500.	_ 4,500.		
2	Grants and other assistance to individuals in	-			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	451,622.	283,645.	131,542.	36,435.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,024,293.	683,036.	270,969.	70,288.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	78,616. 52,258.	37,898.	35,196.	5,522. 5,982.
9	Other employee benefits		28,960.	17,316.	5,982.
10	Payroll taxes	91,542.	61,252.	24,159.	6,131.
11	Fees for services (non-employees)			1	
а	Management	0.405			
Ь	Legal	2,125.		2,125.	
С	Accounting	39,470.		39,470.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	E 504			
f	Investment management fees	7,794.	450 524	7,794.	1 001
g	Other	576,150.	472,534.	102,552.	1,064.
12	Advertising and promotion	3,151.	3,151.	10 445	
13	Office expenses	97,939.	76,139.	17,445.	4,355.
14	Information technology	7,502.	7,124.	378.	
15	Royalties	260 055	100 626	F0 70C	10 400
16	Occupancy	268,855.	190,636.	59,796. 3,913.	18,423.
17	Travel	22,933.	19,020.	3,913.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	115,147.	108,847.	6,237.	63.
19	Conferences, conventions, and meetings	113,147.	100,047.	0,231.	03.
20	Interest				
21	Payments to affiliates	18,304.	13,069.	3,972.	1,263.
22	Depreciation, depletion, and amortization	22,602.	9,017.	12,714.	871.
23 24	Insurance Other expenses. Itemize expenses not covered	22,002.	3,017.	12,/14.	0/1.
24	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	BOOK STORE & PROGRAM SU	47,721.	47,721.		
a b	DUES AND MEMBERSHIPS	41,123.	10,954.	30,153.	16.
c	STAFF DEVELOPMENT	15,374.	9,114.	6,246.	14.
d	USE TAX	1,243.	447.	717.	79.
e	SERVICE FEES	95.	34.	55.	6.
f	All other expenses	4.	1.	$\frac{33}{2}$.	1.
25	Total functional expenses. Add lines 1 through 24f	2,990,363.	2,067,099.	772,751.	150,513.
26	Joint costs. Check here Inf following SOP	2,220,303.	2,00,,000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	150,515.
_0	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
	The second secon			L	

Form 990 (2010)

Pai	rt X	Balance Sheet				
•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		257,743.	1	189,264.
	2	Savings and temporary cash investments		710,851.	2	800,920.
	3	Pledges and grants receivable, net		115,934.	3	321,769.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key	•]	
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instru	ections)		6	.
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		28,445.	9	30,141.
	10a	Land, buildings, and equipment cost or other	100000			
		basis. Complete Part VI of Schedule D	10a 126,822.	40.000		05 605
	b	Less: accumulated depreciation	10b 91,215.	43,023.	10c	35,607. 1,317,500.
	11	Investments - publicly traded securities	1,063,062.	11	1,317,500.	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	5,814.	15	969.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,224,872.	16	2,696,170.
	17	Accounts payable and accrued expenses	180,089.	17	154,875.	
	18	Grants payable			18	100 607
	19	Deferred revenue			19	189,607.
	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability. Complete			21	
≣	22	Payables to current and former officers, director		i		
Lia		highest compensated employees, and disqualifi	led persons. Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	•		23	
	24	Unsecured notes and loans payable to unrelate	a thira parties	48,817.	24	63,676.
	25	Other liabilities. Complete Part X of Schedule D		228,906.	25 26	408,158.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	- X X	220,300.	26	400,130.
so.		lines 27 through 29, and lines 33 and 34.	ere Las and complete			
ĕ	27	Unrestricted net assets		1,684,331.	27	1,712,480.
ä	28	Temporarily restricted net assets		301,135.	28	575,032.
Ä	29	Permanently restricted net assets		10,500.	29	500.
Ĕ	23	Organizations that do not follow SFAS 117, c	20,300.	29	300.	
F		complete lines 30 through 34.	heck here 🕨 📖 and			
ts	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed			31	
Ť.	32	Retained earnings, endowment, accumulated in	• •		32	
Š	33	Total net assets or fund balances	icome, or other fullus	1,995,966.	33	2,288,012.
	34	Total liabilities and net assets/fund balances		2,224,872.	34	2,696,170.
		. Star masimiles and first additional balances		_,,	, 54	Form 990 (2010)

	990 (2010) DONORS FORUM	23-737	76023	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response to any question in this Part XI				X
	,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,268		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,990		
3	Revenue less expenses. Subtract line 2 from line 1	3			57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,99		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			89.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,288	<u>3,0</u>	<u> 12.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		1	_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
þ	Were the organization's financial statements audited by an independent accountant?		2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		·	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	_	

SCHEDULE A (Form 990 or 990-EZ)

FORITI 990 OF 990-E4

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

2010

Open to Public Inspection

Employer identification number

			DONORS							23	3-7376	023	
Pa	ırt I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this part) See inst	tructions.				
Γhe	organ	ization is not a	a private foundation	because it is (For lines	through ¹	11, check	only one b	ox)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2				'0(b)(1)(A)(ii). (Attach Sc									
3		A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter ti	he hospital	's nam	e,
		city, and stat	te:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describe	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	ate, or local governm	ent or governmental uni	t described	d ın sectio	n 170(b)(1	I)(A)(v).					
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
			(b)(1)(A)(vi). (Comple		• • • • • • • • • • • • • • • • • • • •		3			J -			
8				ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9				eives: (1) more than 33 1			rom contri	butions, m	nembershi	o fees. an	nd aross red	ceipts	from
				nctions - subject to certa									
				axable income (less sect						• •	_		
			509(a)(2). (Complete					•	. 5		-		
10		An organizati	ion organized and o	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	1).				
11		An organizati	ion organized and oj	perated exclusively for th	ne benefit d	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes o	of one	or
				ations described in secti									
		describes the	e type of supporting	organization and comple	ete lines 1°	1e through	11h.						
		a Type	l b⊑	☐ Type II 💢 🔾	: 🔲 тур	e III - Fund	tionally int	egrated		d 🔲	Type III - C	Other	
е	Ш	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dise	qualified p	persons oth	ner tha	n
		foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	section 509	(a)(2)	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganızatıon, check ti	nis box									
9		Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons c	lescribed	ın (ıi) and (ιιί) below,		Yes	No
		the gove	erning body of the s	upported organization?							11g(i)	$ldsymbol{f eta}$	
		_	· ·	n described in (i) above?							11g(ii)	igsqcut	
		(iii) A 35% (controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)		
h		Provide the f	ollowing information	about the supported or	ganızatıonı	(s)							
			· ·	I (III) Tunn of	1		1		T	1			
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o in col. (i) his		(v) Did you		Lorganizatio	on in col. L	(vii) An	10unt o	f
	orga	anızatıon		(described on lines 1-9		document?		ion in col. r support?	(i) organiz U.S	ed in the	sup	port	
				above or IRC section (see instructions))			```		Ļ				
		-	_	(see manadiona))	Yes	No	Yes	No	Yes	No			
								<u> </u>					-
					_								
					 								
<u>Γota</u>	31		<u> </u>	l					l				

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2694132.11719371. 1854923. 2071478. 2695928. 2402910. include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1854923. 2071478. 2694132.11719371. 2695928. 2402910. 4 Total. Add lines 1 through 3 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) 2136840. 9582531. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1854923 2071478. 2695928. 2402910. 2694132. 11719371. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 34,076. 33,119. 49,791. 43,308. 46,907. 207,201. and income from similar sources 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 5,027. 12,952 29,066 47,045. assets (Explain in Part IV) 11973617. 11 Total support. Add lines 7 through 10 2,839,930. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 80.03 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 85.90 15 15 Public support percentage from 2009 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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-			-			
•	ızatıon's benefit and either paid to			İ			
	or expended on its behalf						
5	The value of services or facilities						_
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			<u> </u>			
16	3 received from disqualified persons						,
t	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						
	: Add lines 7a and 7b				Ì		
	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support			1	· · · · · · · · · · · · · · · · · · ·		<u>'</u>
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6		(-,	(-)	(-,	(0)	1.7.1.5.1
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income			·			
	(less section 511 taxes) from businesses		ļ.				
	acquired after June 30, 1975						
•	: 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						1
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	 					
	First five years. If the Form 990 is for	the organization	s first second thi	rd fourth or fifth t	ax vear as a section	.⊥ on 501(c)(3) organi	zation
	check this box and stop here	ino organization	oo., oooo, a,	ia, ioarai, or intiri	ax your do a door.	on oo r(o)(o) organi	▶ □
Sec	ction C. Computation of Publi	c Support Pe	rcentage		· · · ·		
	Public support percentage for 2010 (li			column (fl)		15	%
16	Public support percentage from 2009	, ,,	•	00147111 (1))		16	
	ction D. Computation of Inves					110 1	
17	<u> </u>					17	%
18		•	•	rie 13, coldinii (i))		1	
	33 1/3% support tests - 2010. If the			on line 14 and lin	a 15 is more than	18 33 1/3% and line	
136							
	more than 33 1/3%, check this box ar		-	· · · · · · · · ·	· · · · · · · ·		₽ □
•	33 1/3% support tests - 2009. If the	-			•	•	
00	line 18 is not more than 33 1/3%, che		•	•		•	' ₹
20	Private foundation. If the organization	n aid not check a	Dox on line 14, 19	a, or 19b, check t	nis box and see in	structions	▶∟

Schedule A (Forr	<u>n 990</u>	or 990-EZ)	2010	DONOR	S FO	RUM					23-73	76023	Page 4
Part IV Su	pple	mental l	nform	ation. C	omplete	this part to	o provide the	explanat	ions require	d by Part II, line	e 10; Part II, I	ne 17a or 1	7b,
• and	Part	III, line 12.	Also co	mplete this	s part to	r any addit	ional informa	ition. (See	instructions	S)			
SCHEDULE	Α,	PART	II,	LINE	10,	EXPL	OITANA	FOR	OTHER	INCOME:			
MISCELLA	NEO	US											
						_							
				····		·						<u> </u>	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

2010

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	DONORS				23-7376023
Pa	art I-A Complete if the org	janization is exempt unde	er section 501(c)	or is a section 527 of	organization.
3	Provide a description of the organize Political expenditures Volunteer hours			▶ :	
	······································	janization is exempt unde		· · · · · · · · · · · · · · · · · · ·	
	Enter the amount of any excise tax	, ,		▶ \$	
	Enter the amount of any excise tax			5 ▶ 9	\$
	If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
	a Was a correction made?				☐ Yes ☐ No
P	o If "Yes," describe in Part IV art I-C Complete if the org	anization is exempt unde	er section 501(c)	excent section 501	(c)(3)
1	Enter the amount directly expended Enter the amount of the filing organ	by the filing organization for sec	tion 527 exempt fund	etion activities section 527	\$
_	exempt function activities	Add and ado Ed. I			\$
3	Total exempt function expenditures line 17b	Add lines I and 2. Enter here ar	10 on Form 1120-POL		\$
4	Did the filing organization file Form	1120-POL for this year?		•	Yes No
	Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	from the filing organ separate political org	ization's funds Also enter t ganization, such as a separ	ch the filing organization the 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>				

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010	DONORS FOR	RUM		23-7	376023 Page 2			
Part II-A Complete if the or	•	mpt under section	n 501(c)(3) and fil	ed Form 5768				
(election under se								
	ation belongs to an af	• .						
Lim	its on Lobbying Expe	and "limited control" pro enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to inf	fluence public opinion	(grass roots lobbying)			-			
b Total lobbying expenditures to inf	• •			1,265.				
c Total lobbying expenditures (add	•	, , , , , ,		1,265. 1,265.				
d Other exempt purpose expenditu	•			2,989,098.				
e Total exempt purpose expenditur	es (add lines 1c and 1	d)		2,990,363.				
f Lobbying nontaxable amount. En	ter the amount from th	e following table in bot	h columns.	299,518.				
If the amount on line 1e, column (a)	or (b) is: The lol	bying nontaxable am	ount is:					
Not over \$500,000	20% o	the amount on line 1e.	,					
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.					
Over \$1,000,000 but not over \$1,	500,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.					
Over \$1,500,000 but not over \$17	7,000,000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.					
Over \$17,000,000	\$1,000	,000.						
				F.4.000				
g Grassroots nontaxable amount (e	•			74,880.				
h Subtract line 1g from line 1a. If ze	•			0.				
i Subtract line 1f from line 1c. If zer	•			0.				
j If there is an amount other than z		r line 11, did the organiz	ation file Form 4720	Г	¬.,			
reporting section 4911 tax for this			0 1' 504(L)	L	Yes No			
	izations that made a	eraging Period Under section 501(h) election ne instructions for line	n do not have to com					
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
2a Lobbying nontaxable amount	263,336	310,240.	299,718.	299,518.	1,172,812.			
b Lobbying ceiling amount (150% of line 2a, column(e))					1,759,218.			
c Total lobbying expenditures		732.	2,593.	1,265.	4,590.			
d Grassroots nontaxable amount	68,877	77,560.	74,930.	74,880.	296,247.			
e Grassroots ceiling amount (150% of line 2d, column (e))					444,371.			

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2010 DONORS FORUM 23-7376023 Page 3
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)).

		(a	1)	(b)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				···
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of.				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
ę	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i	<u></u>			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			·	<u> </u>
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				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 carryover lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members		1	iiswei eu	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	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 ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information	·			
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a ny additional information.	ind Part II-B,	line 1i. Also	o, complete	this part
		. =			

· SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

DONORS FORUM

Employer identification number 23-7376023

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	•				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds				
	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	advisors in writing that grant funds can be use	d only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring				
	impermissible private benefit?		Yes No				
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I					
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	cally 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 quali	fied conservation contribution in the form of a	conservation easement on the last				
	day of the tax year.						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
đ	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax				
	year						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe						
_	violations, and enforcement of the conservation easements		☐ Yes ☐ No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	· · · · · · · · · · · · · · · · · · ·					
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) about and analysis 4770 V4V/DV32	ve satisfy the requirements of section 170(h)(4					
_	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIV, describe how the organization reports conservat	•					
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the	organization's accounting for				
Par	conservation easements. † III Organizations Maintaining Collections or	of Art Historical Treasures or Othe	ar Similar Assats				
· u.	Complete if the organization answered "Yes" to Form		olilliai Assets.				
12	If the organization elected, as permitted under SFAS 116 (A)		t and halance shoot works of ort				
Ia	historical treasures, or other similar assets held for public ex	•					
	the text of the footnote to its financial statements that described to the footnote to its financial statements that described the text of the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements.		of public service, provide, in Fart XIV,				
b	If the organization elected, as permitted under SFAS 116 (A)		d halance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	•	·				
	relating to these items:	ducation, of research in furtherance of public	service, provide the following amounts				
	(i) Revenues included in Form 990, Part VIII, line 1		• •				
	(ii) Assets included in Form 990, Part X		\$				
2	If the organization received or held works of art, historical tre	easures or other similar assets for financial da	un provide				
_	the following amounts required to be reported under SFAS 1		, p. 01100				
а	Revenues included in Form 990, Part VIII, line 1		▶ \$				
	Assets included in Form 990, Part X		s				
_	· · · · · · · · · · · · · · · · · · ·						

	dule D (Form 990) 2010 DONORS						376023		2
Pai	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or	Other	Similar Asse	ts (contir	nued)	_
3	Using the organization's acquisition, access	on, and other record	ls, check any of the	following that a	re a sign	ificant use of its	collection	items	
	(check all that apply).								
а	Public exhibition	d	Loan or exc	hange program:	s				
b	Scholarly research	е	U Other						
С	Preservation for future generations								
4	Provide a description of the organization's control of the organization of the organiz						rt XIV.		
5	During the year, did the organization solicit of				sımılar as	ssets	_		-
	to be sold to raise funds rather than to be m					L	Yes	<u> </u>	<u> </u>
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Ye	es" to Fo	rm 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								_
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	is or other asse	ts not ind	cluded	_		
	on Form 990, Part X?					L	_ Yes	N	O
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table [.]						_
	_						Amount		_
С.	Beginning balance					1c			_
	Additions during the year					1d			_
e	Distributions during the year		•			1e			—
f	Ending balance	000 D+ V I	040			1f	T.,		_
	Did the organization include an amount on F		21?				_ Yes	N	Þ
Par	If "Yes," explain the arrangement in Part XIV tV Endowment Funds. Complete		swered "Ves" to Fo	m 990 Part IV	line 10				—
		(a) Current year	(b) Prior year	(c) Two years b		Three years back	(a) Four	years bac	_
1a	Beginning of year balance	10,500.	10,500.	10 , two years b	1,-7	Timee years back	(e) rour	years bac	`
b	Contributions			,			 		
c	Net investment earnings, gains, and losses						 		_
ď	Grants or scholarships						+	-	_
e	Other expenditures for facilities				 		+		_
_	and programs	10,000.							
f	Administrative expenses						†		
g	End of year balance	500.	10,500.	10,	500.		1		_
2	Provide the estimated percentage of the year	r end balance held a	is:	·	-				_
а	Board designated or quasi-endowment		%						
b	Permanent endowment ► 100.00	%	_						
С	Term endowment	%							
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	nd administere	d for the	organization			
	by:							Yes No	
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)	Х	
b	If "Yes" to 3a(II), are the related organization	s listed as required o	on Schedule R?				3b		
4	Describe in Part XIV the intended uses of the								
Pai	t VI Land, Buildings, and Equipn					•			
	Description of investment	(a) Cost or o	1 , ,	or other		umulated	(d) Book	value	
		basis (investr	nent) basis	(other)	depre	eciation			
	Land								_
	Buildings		<u> </u>	1 1 4 4		067		~~~	_
	Leasehold improvements			1,144.		867.		277	
d	Equipment			9,289.		0,498.		3,791	
	Other	aud Form 000 Ded		6,389.		59,850.		5,539 5,607	
ıvta	. Add lines 1a through 1e. (Column (d) must e	uuai ruiii 990. Par	A. COIUITIN (B), IINE 1	U(C) I			J.	,, UU/	•

(1) Federal income taxes
(2) DEFERRED COMPENSATION
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

EIN 49 (NSC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organ

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions unor 5. FIN 48 (ASC 740)

, ,	•								
	dule D (Form 990) 2010 DONORS FORUM							7376023	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	:o A	udit	ed Finar	ncial S	State	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1			3,268	
2	Total expenses (Form 990, Part IX, column (A), line 25)				2			2,990	
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3			277	,957.
4	Net unrealized gains (losses) on investments				4			215	,028.
5	Donated services and use of facilities				5				
6	Investment expenses				6			-	
7	Prior period adjustments				7			-200	,939.
8	Other (Describe in Part XIV)				8				-
9	Total adjustments (net) Add lines 4 through 8				9			14	,089.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9)		10				,046.
	t XII Reconciliation of Revenue per Audited Financial Statem			th Reve		er R	eturn		,
1	Total revenue, gains, and other support per audited financial statements						1	3,483	.348.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.						\vdash		, •
a	Net unrealized gains on investments	- 1	2a	2.	15,0	28.			
b	Donated services and use of facilities	H	2b			20.	1 1		
	Recoveries of prior year grants	⊢					1		
C	Other (Describe in Part XIV)	_ -	2c				1		
d	,		2d				1	215	028
e	Add lines 2a through 2d						2e	3,268	,028.
3	Subtract line 2e from line 1						3	3,200	,340.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	- 1	. 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	\vdash	4a				-		
b	Other (Describe in Part XIV.)	L	4b						_
С	Add lines 4a and 4b						4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)						5	3,268	<u>,320.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Staten	nen	ts W	ith Exp	enses	s per	Retu		
1	Total expenses and losses per audited financial statements						1	2,990	<u>,363.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25								
а	Donated services and use of facilities	L	2a				1		
b	Prior year adjustments	L	2b						
С	Other losses		2c						
d	Other (Describe in Part XIV)		2d						
е	Add lines 2a through 2d						2e		0.
3	Subtract line 2e from line 1						3	2,990	,363.
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	- 1	4a						
b	Other (Describe in Part XIV)		4b				1		
	Add lines 4a and 4b	_					4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)						5	2,990	
_	t XIV Supplemental Information								,
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part		nee 1	a and 4: B	art IV	linge 1	h and '	2h Part V line	4. Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com								, 4 , 1 ait
	RT X, LINE 2: MANAGEMENT DOES NOT BELIEVE								
===									
TNO	CLUDE UNCERTAIN TAX POSITIONS.								
	JOSE CHEERING THE TODITIONS.								
						-			
						_		_	
									_

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Attach to Form 990. See separate instructions.

DONORS FORUM

Employer identification number 23-7376023

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	<u> </u>	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which if any of the following the organization uses to establish the componention of the organization's			
	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			1
	X Compensation committee			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
	Approval by the board of compensation committee			ĺ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c		4c		X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		1	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	
_	contingent on the revenues of		ŀ	х
	The organization?	5a 5b	<u> </u>	X
L	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	30	├	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of			1
а	The organization?	6a		x
	Any related organization?	6b	<u> </u>	X
_	If "Yes" to line 6a or 6b, describe in Part III	UE	 	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		-	1
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	—	t	† <u></u>
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	ا ا		† <u></u>
-	Regulations section 53 4958-6(c)?	9		

Page 2

DONORS FORUM Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W	N-2 and/or 1099-MISC compensation	3C compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(ı)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	197,995.	0	0	29,199.	62,189.	289,383.	0
1 VALERIE S. LIES	: ≘		0	0				0
	Į≘	100,173.	0	0.	8,015.	55,743.	163,931.	0
2 ROBIN BERKSON	(ii)	0	0	0	0	0	0	0
	€							
3	(ii)							
	(3)							
4	▤							
	Ξ							
5	<u>(ii)</u>							
	ω							
9	(ii)							
	()							
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8	(ii)							
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6	(ii)							
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14	▣							
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	Ξ							
16	(ii)							
							Schedul	Schedule J (Form 990) 2010

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

DONORS FORUM

Employer identification number 23-7376023

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND THEIR ADVISORS ENJOY A MULTITUDE OF RESOURCES FOR MAKING THEIR WORK
EVEN MORE EFFECTIVE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DONORS FORUM IS THE PREMIER RESOURCE FOR NETWORKING AND EDUCATION,
INFORMATION AND KNOWLEDGE, AND LEADERSHIP AND ADVOCACY ON BEHALF OF
PHILANTHROPY IN ILLINOIS. AS A MEMBERSHIP ASSOCIATION OF GRANTMAKERS,
NONPROFITS, AND ADVISORS, DONORS FORUM SERVES ITS CONSTITUENTS BY
PROMOTING AN EFFECTIVE AND INFORMED PHILANTHROPIC AND NONPROFIT SECTOR.
FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP IS OPEN TO (A) ANY
ORGANIZATION THAT MAKES GRANTS FOR CHARITABLE PURPOSES, ANY DONOR-ADVISOR
TO A DONOR-ADVISED FUND WITHIN SUCH AN ORGANIZATION, OR ANY INDIVIDUAL THAT
IS A
1) PRIVATE FOUNDATION, INCLUDING A PRIVATE OPERATING FOUNDATION,
2) COMMUNITY FOUNDATION,
3) CORPORATE FOUNDATION OR COMPANY WITH A CHARITABLE CONTRIBUTIONS PROGRAM,
4) DONOR-ADVISOR TO A DONOR-ADVISED FUND,
5) INDIVIDUAL DONOR WITH MULTIPLE CHARITABLE BENEFICIARY ORGANIZATIONS,
6) CHARITABLE TRUST, DIVISION, OR OTHER ORGANIZATION, AND (I) WHICH HAS AS
ITS PRIMARY CHARITABLE ACTIVITY THE MAKING OF GRANTS FOR CHARITABLE,
RELIGIOUS, EDUCATIONAL, OR SCIENTIFIC PURPOSES, AND (II) AT LEAST 60% OF
THE BUDGET OF WHICH IS DEVOTED TO GRANT PROGRAMS (GRANTS, RELATED PROGRAM
COSTS, AND ADMINISTRATIVE COSTS FOR ADMINISTERING GRANTS),

Name of the organization DONORS FORUM

Employer identification number 23-7376023

- 7) SUPPORTING ORGANIZATION THAT SUPPORTS ONE OR MORE GRANTMAKING
 ORGANIZATIONS OR HAS A GRANTMAKING PROGRAM WITH MULTIPLE BENEFICIARIES,
- 8) FEDERATED FUND,
- 9) GOVERNMENT-FUNDED GRANTMAKER WITH MULTIPLE BENEFICIARY ORGANIZATIONS,
- 10) RELIGIOUS GRANTMAKING INSTITUTION; OR
- (B) ANY INDIVIDUAL WHO REGULARLY ENGAGES IN ADVISING INDIVIDUALS ABOUT
 THEIR PHILANTHROPIC GOALS AND VEHICLES OR IN ADVISING FOUNDATIONS, TRUSTS,
 OR CORPORATE GIVING PROGRAMS ABOUT THEIR PHILANTHROPIC GOALS AND VEHICLES,
 TO THE EXTENT THE INDIVIDUAL FITS ELIGIBILITY CRITERIA DETERMINED FROM TIME
 TO TIME BY RESOLUTION OF THE BOARD OF DIRECTORS; AND WHICH SUBSCRIBES TO
 THE PURPOSES AND BASIC POLICIES AND CONTRIBUTES ANNUAL FINANCIAL SUPPORT TO
 THE CONTINUING OPERATION OF THIS CORPORATION IN THE AMOUNT DETERMINED FROM
 TIME TO TIME BY THE BOARD OF DIRECTORS, MAY BECOME A MEMBER OF THIS
 CORPORATION.

MEMBERS DESCRIBED IN PARAGRAPH (B) ABOVE MAY BE DENOMINATED "ASSOCIATE

MEMBERS" OR SOME SIMILAR TITLE IF SO SPECIFIED BY RESOLUTION OF THE BOARD

OF DIRECTORS AND SHALL BE ENTITLED TO THE RIGHTS OF MEMBERSHIP TO THE

EXTENT PROVIDED BY RESOLUTION OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: EACH MEMBER SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: WITH THE ASSISTANCE OF THE THE VICE

PRESIDENT OF FINANCE AND ADMINISTRATION, OUTSIDE ACCOUNTANTS PREPARE THE

990. THE VICE PRESIDENT REVIEWS A DRAFT OF THE 990 AND COMPARES NUMBERS TO

AUDITED FINANCIAL STATEMENTS. THE DONORS FORUM PRESIDENT & CEO AND THE VICE

032212

032212

Schedule O (Form 990 or 990-EZ) (2010)

DONORS FORUM

Employer identification number 23-7376023

PRESIDENT OF FINANCE AND ADMINISTRATION REVIEW THE DRAFT WITH THE

AUDIT/FINANCE COMMITTEE MEMBERS AT A SCHEDULED MEETING. THE DRAFT IS

PROVIDED TO THE ENTIRE BOARD FOR REVIEW. THE BOARD IS INVITED TO A

CONFERENCE CALL TO ASK QUESTIONS AND OFFER COMMENTS TO THE PRESIDENT AND

CEO AND THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION IDENTIFIES EACH
BOARD MEMBER AND EMPLOYEE WITH A STATED CONFLICT OF INTEREST OR POTENTIAL
AND MAINTAINS A LIST OF THE STATED CONFLICTS / POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: CEO: PRESIDENT'S PERFORMANCE REVIEW COMMITTEE: CONSISTS OF THE FOLLOWING BOARD MEMBERS - BOARD CHAIR, FORMER COMPENSATION AND BENEFITS COMMITTEE CHAIR, AND TREASURER. COMPARABILITY DATA OBTAINED FROM OTHER REGIONAL ASSOCIATIONS OF GRANTMAKERS AND FROM OTHER NONPROFIT ORGANIZATIONS. DECISION PROCESS IS SUBSTANTIATED IN WRITING. COMMITTEE MAKES RECOMMENDATION TO BOARD.

TOP MANAGEMENT AND ALL OTHER EMPLOYEES: CEO AND CFO PRESENT SALARY POOL RECOMMENDATION TO COMPENSATION & BENEFITS COMMITTEE BASED ON CHANGE IN CPI,

COMPENSATION AND BENEFITS COMMITTEE REVIEWS AND EITHER APPROVES AND RECOMMENDS TO AUDIT/FINANCE COMMITTEE, OR AMENDS, APPROVES, AND RECOMMENDS TO AUDIT/FINANCE COMMITTEE.

ORGANIZATION'S FINANCIAL SITUATION, AND OTHER RELEVANT INFORMATION.

FORM 990, PART VI, SECTION C, LINE 18: PUBLIC DISCLOSURE OF 1023 - THE

ORGANIZATION IS NOT REQUIRED TO MAKE ITS 1023 APPLICATION AVAILABLE TO THE

GENERAL PUBLIC AS IT WAS FORMED PRIOR TO 07/15/1987.

Scriedule (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization DONORS FORUM	Employer identification number 23-7376023
ARE AVAILABLE ON THE ILLINOIS ATTORNEY GENERAL'S WEBSITE.	GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILAB	LE TO THE GENERAL
PUBLIC.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	215,028.
PRIOR PERIOD ADJUSTMENTS:	-200,939.
TOTAL TO FORM 990, PART XI, LINE 5	14,089.